

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09735713	FILING DATE 12-12-00	
CLAIMS							* IND. DEP. IND. DEP. IND. DEP.		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS	3						TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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